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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)**Title of Invention** FOLD FLAT VEHICLE SEAT COINCIDENT WITH REARWARD TRAVEL

As the below named inventor(s), I/we declare that:

This declaration is directed to:

The attached application, or
 Application No. _____, filed on _____,
 as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)Inventor one: David M. BlairSignature: _____ Citizen of: USInventor two: Thomas J. CooleySignature: _____ Citizen of: USInventor three: Dan Dumitru NaeSignature: _____ Citizen of: RomaniaInventor four: Wojciech SmukSignature: _____ Citizen of: Poland Additional inventors or a legal representative are being named additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY and
CORRESPONDENCE
ADDRESS INDICATION FORM**

Application Number	n/a
Filing Date	n/a
First Named Inventor	David M. Blair
Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	93144pus

I hereby appoint:

 Practitioners at Customer Number

006431

OR Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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 The above-mentioned Customer Number.*OR* The address associated with Customer Number:

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Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	David M. Blair
Signature	
Date	Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

 *Total of 4 forms are submitted.

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City		State		Zip	
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Country	
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Telephone		Fax	
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Assignee of record of the entire interest. See 37 CFR 3.71.
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Name	Thomas J. Cooley
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Signature	
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Date		Telephone	
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SIGNATURE of Applicant or Assignee of Record

Name	Dan Dumitru Nae
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Signature	
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Date		Telephone	
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<input checked="" type="checkbox"/> *Total of <u>4</u> forms are submitted.

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

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SIGNATURE of Applicant or Assignee of Record

Name	Wojciech Smuk		
Signature			
Date	Telephone		

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